## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000072483**1. Corporation Name

W/B PLANTATION WEST CORP.

Principal Place	of Business	Mailing Address					• • •					••	
2665 SOUTH BA	YSHORE DRIVE #1002	2665 SOUTH BAYSHORE CRIVE #1002 MIAMI FL 33133						DO NOT WI	PITE IN THI	SPACE			
						-	Dote In	corporated or Qualife		701702		<del></del>	
								•	·u				
		2a. Mailing Addres					08/30				Anal	ed For	
			lalling Address				4. FEI Nurnber 65-0703893			<b>├-</b>	<u> </u>	vpplicable	
21		26					10.00	179082		¢0.7			
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5.	Certifca	e of Status Desired		\$8.75 Ad litional Fee Required				
City & State	City & State	City & State				Election	Campaign Financin	g $\square$	\$5.6	<b>00</b> м	ay Be		
23		28					Trust F	und Contribution		Add	ed to	=ees	
Zip	Count y	Zip		Country		8.	This co	poration owes the cu	ırrent year Ir	itangible			
24	25	25 29 30						Personal Property Tax.			Yes []No		
. <del></del> !	9. Name and Address of Current	Registered Agent				16.	Name a	and Address of New	Registered	Agent			
				81	Name								
SCHATZ, RICHARD E STEARNS WEAVER MILLER WEISSLER, ET. AL.					Street /	Address (P	ddress (P.O. Box Number is Not Acceptable)						
15() WEST FLAGLER STREET - SUITE 2200				83	•					<del> </del>			
MIAN	II FL 33130			84	Oit.					85 2	Zip Cc		
				04	City				FI.	_   65   2	-ip	ue	
office or re agent. I ar	to the provisions of Sections 607.0502 agistered agent, or bot i, in the State of in familiar with, and accept the obligation	Florida, Such change	was autnor	izea by	tne corpo	corporation ora ion's bo	submits pard of d	s this statement for the rectors. I hereby acc	ne purpose coept the appoint	f changing intment as	j its re s regi:	gistered itered	
SIGNATURE	Signature, typed or printed name of registered agent	nd title if applicable	(NOTE : Regis	tered Ager	1 signature ri	equi ed when re	einstating)		DATE				
12.	OFFICERS AND			13.				NS/CHANGES TO C	OFFICERS A	ND DIREC	CTOR	5 IN 12	
TITLE	D	☐ DEL		1.1 TITLE			***			Chan	nge	Addition	
NAME	WEISER, WARREN P		1,	.2 NAME									
ł	COST COUTH DAYOUGHT DOWN K4000			1.3 STREET ADDRESS									
STREET ADDRESS		# 1002											
CITY-ST-ZIP	MIAMI FL 33133	☐ DEL		4 CITY-S	(-214					Chan	nge	Addition	
TITLE	D DDGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG			2 NAME						_	•	_	
NAME	BROOKS, CAROL G	*100*											
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	#1002	1		ADDRESS								
CITY-ST-ZIP	MIAMI FL 33133			2. 4 CITY- S	T- ZIP			<del></del>		Chan		Addition	
TITLE		☐ DEL		3.1 TITLE						L. Crian	30	L. Addition	
NAME				3.2 NAME								į	
STREET ADDRESS					r address							ļ	
CITY-ST-ZIP				3.4. CITY-S	T-ZIP							C Addition	
TITLE		☐ DEL	ETE 4	1.1 TITLE						☐ Chan	ige	Addition	
NAME			4	. 2 NAME								ļ	
STREET ADDRE IS			4	3 STREE	TADDRESS								
CITY-ST-ZIP				4 CITY-S	T-ZIP								
TITLE		☐ DEL	ETE 5	1 TITLE						Chan	nge	☐ Addition	
NAME				.2 NAME								ļ	
STREET ADDRESS			5	3 STREE	ADDRESS								
CITY-ST-ZIP				5.4 CITY-S	T-ZIP						_		
TITLE		□ DEL	ETE 6	3.1 TITLE		<u>_</u>				☐ Chan	nge	Addition	

6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corpogation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90098 047 \*\*\*150.00

CR2E034 (11/98)